

# COUNTY OF KANE

**John A. Cunningham**  
KANE COUNTY CLERK  
719 S. Batavia Ave., Bldg. B  
Geneva, IL 60134



**Election Department**  
Phone: (630) 232-5990  
Fax: (630) 232-5870  
Website: [www.kanecountyelections.org](http://www.kanecountyelections.org)

May, 2020

**\*Petition Circulation begins March 24, 2020\***

**It is strongly recommended that all prospective candidates should review the information and obtain legal advice when preparing their nominating papers.**

## **Independent required signatures for Kane County Officers**

**Not Less than 860**  
**Not More than 1,376**

Petitions may be filed in person or by mail, but **MUST BE RECEIVED DURING THE FILING PERIOD**. The mailing address is 719 South Batavia Avenue, Building B, Geneva, IL 60134. The first day of filing is Monday, July 13, 2020. The last day of filing is Monday, July 20, 2020 and our office will be open until 5:00 p.m. Those nominating petitions received after 8:30 a.m. and before 4:30 p.m. during the filing period will be stamped according to the time received. Petitions received prior to the first day and after the last day of filing will be returned to the prospective candidate.

Kane County Election Authority

# COUNTYWIDE OFFICERS

Circuit Clerk, Recorder, State's Attorney, Auditor, Coroner

## NOMINATION PAPERS

**Petitions:** Established Party ([SBE Form P-10](#)); Independent ([SBE Form P-3](#)); New Party ([SBE Form P-8](#))

**Statement of Candidacy:** Established Party ([SBE Form P-1](#)); Independent ([SBE Form P-1B](#)); New Party ([SBE Form P-1D](#))

**Loyalty Oath (optional):** All candidates ([SBE Form P-1C](#))

**Statement of Economic Interests:** Filed with the County Clerk. The receipt must be filed with petitions or by the end of the filing period.

## SIGNATURE REQUIREMENTS

**Established Party:** At least .5% (.005) of the vote cast for any candidate of the party who received the highest number of votes in the county at the last General Election. The highest vote getter could be any federal, state or county candidate. [10 ILCS 5/7-10(c)]

**\*Independent:** Not less than 5% nor more than 8% (or 50 more than the minimum, whichever is greater), signed by qualified voters of the county, of the total number of persons who voted at the last General Election in the county. (10 ILCS 5/10-3)

**\*New Party:** Not less than 5% of the number of persons who voted at the last General Election in the county. Where 5% is greater than 25,000, 25,000 is the minimum number of signatures required. (10 ILCS 5/10-2)

*For specific signature calculations, contact your county clerk.*

## FILING INFORMATION

**Established Party:** Not more than 113 nor less than 106 days prior to the General Primary. (10 ILCS 5/7-12)

**Independent & New Party:** Not more than 141 nor less than 134 days prior to the General Election. (10 ILCS 5/10-6)

Candidates will file in the office of the County Clerk. Candidates in Peoria County file with the Peoria County Board of Election Commissioners.

**Campaign Contributions:** Reports must be filed either electronically or on paper with the State Board of Elections, 2329 S. MacArthur Blvd., Springfield, IL 62704, or 100 West Randolph St., Suite 14-100, Chicago, IL 60601.

**\*Please review Addendums A and B for updated requirements for New Party and Independent candidates.**

## QUALIFICATIONS:

[Illinois Supreme Court Rule 701; 10 ILCS 5/7-10, 10-5)

- 18 years of age – licensed attorneys must be 21 years old
- United States citizen
- Resident of the county for 30 days\*\*
- Registered voter in county or county board district

\*\*Candidates for State's Attorney do not have residency requirements, but must be citizens of the United States and a licensed attorney in Illinois.

## FILING PERIODS:

### **Established Party:**

November 25 – December 2, 2019

### **Independent and New Party:**

~~June 15 – June 22, 2020~~ **July 13 – July 20, 2020**

## TERM:

**Term of office:** Four years and until a successor is elected and qualified.

**Term begins:** December 1, 2020

County Auditor (55 ILCS 5/3-1001)

Circuit Clerk (705 ILCS 105/1.1)

Coroner (55 ILCS 5/3-3002)

Recorder of Deeds (55 ILCS 5/3-5004)

State's Attorney (55 ILCS 5/3-9002)

STATEMENT OF CANDIDACY

INDEPENDENT

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP, COUNTY, DISTRICT OR STATE
		<p>A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term</p>	

If required pursuant to 10 ILCS 5/10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS \_\_\_\_\_ UNTIL NAME CHANGED ON \_\_\_\_\_  
(List all names during last 3 years) (List date of each name change)

STATE OF ILLINOIS )  
 )  
County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ being first duly sworn (or affirmed), say that I reside at \_\_\_\_\_, in the City, Village, Unincorporated Area of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) Zip Code \_\_\_\_\_, in the County of \_\_\_\_\_, State of Illinois; that I am a qualified voter therein, that I am a candidate for election to the office of \_\_\_\_\_ in the \_\_\_\_\_ to be voted upon at the election to be held on \_\_\_\_\_ (date of election) and that I am legally qualified (including being the holder of any license that may be an eligibility requirement for the office to which I seek election) to hold such office and that I have filed (or I will file before the close of the petition filing period) a Statement of Economic Interests as required by the Illinois Governmental Ethics Act and I hereby request that my name be printed upon the official ballot for election to such office.

\_\_\_\_\_  
(Signature of Candidate)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_.  
(Name of Candidate) (insert month, day, year)

(SEAL)

\_\_\_\_\_  
(Notary Public's Signature)

\_\_\_\_ATTACH TO PETITION\_\_\_\_

10 ILCS 5/7-10.1

Suggested  
Revised July, 2004  
SBE No. P-1C

**LOYALTY OATH**  
(OPTIONAL)

United States of America            )  
  )        SS.  
State of Illinois                    )

I, \_\_\_\_\_, do swear (or affirm) that I am a citizen of the United States and the State of Illinois, that I am not affiliated directly or indirectly with any communist organization or any communist front organization, or any foreign political agency, party, organization or government which advocates the overthrow of constitutional government by force or other means not permitted under the Constitution of the United States or the Constitution of this State; that I do not directly or indirectly teach or advocate the overthrow of the government of the United States or of this State or any unlawful change in the form of the governments thereof by force or any unlawful means.

\_\_\_\_\_  
(Signature of Candidate)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me,  
(Name of Candidate)

on \_\_\_\_\_.  
(insert month, day, year)

\_\_\_\_\_  
(Notary Public's Signature)

(SEAL)

### INDEPENDENT CANDIDATE PETITION

We, the undersigned, qualified voters in the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_ and State of Illinois, do hereby petition that the following named person shall be an Independent Candidate for election to the office hereinafter specified to be voted for at the \_\_\_\_\_ Election to be held on \_\_\_\_\_ (date of election).

NAME	OFFICE	ADDRESS--ZIP CODE
A Full Term is sought, unless an unexpired term is stated here: _____ year unexpired term		

If required pursuant to 10 ILCS 5/7-10.2, 8-8.1 or 10-5.1, complete the following (this information will appear on the ballot)

FORMERLY KNOWN AS \_\_\_\_\_ UNTIL NAME CHANGED ON \_\_\_\_\_  
(List all names during last 3 years) (List date of each name change)

NAME (VOTER'S SIGNATURE)	VOTER'S PRINTED NAME (optional)	STREET ADDRESS OR RR NUMBER	CITY, TOWN OR VILLAGE	COUNTY
1.			,IL	
2.			,IL	
3.			,IL	
4.			,IL	
5.			,IL	
6.			,IL	
7.			,IL	
8.			,IL	
9.			,IL	
10.			,IL	

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

I, \_\_\_\_\_ (Circulator's Name) do hereby certify that I reside at \_\_\_\_\_, in the City/Village/Unincorporated Area of \_\_\_\_\_ (if unincorporated, list municipality that provides postal service) (Zip Code) \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_ that I am 18 years of age or older (or 17 years of age and qualified to vote in Illinois), that I am a citizen of the United States, and that the signatures on this sheet were signed in my presence, not more than 90 days preceding the last day of filing of the petitions and are genuine and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition registered voters of the political division in which the candidate is seeking elective office, and their respective residences are correctly stated, as above set forth.

\_\_\_\_\_  
(Circulator's Signature)

Signed and sworn to (or affirmed) by \_\_\_\_\_ before me, on \_\_\_\_\_  
(Name of Circulator) (Insert month, day, year)

(SEAL)

\_\_\_\_\_  
(Notary Public's Signature)

**CERTIFICATION OF DELETIONS**

I, \_\_\_\_\_, Candidate or Circulator (circle one) do hereby certify that I have properly initialed the deletions of signatures, listed hereinafter by page and line numbers, from the petition of \_\_\_\_\_ (Name of Candidate) who is a candidate for election or nomination (circle one) to the office of \_\_\_\_\_ at the \_\_\_\_\_ Election to be held on \_\_\_\_\_ (date of election).

Page No.	Line No.	Page No.	Line No.	Page No.	Line No.

\_\_\_\_\_  
(Signature of Person Deleting Signatures)

Only the person circulating the petition, or the candidate on whose behalf the petition is circulated, may strike any signature from the petition. If deletions are made, this **CERTIFICATION OF DELETIONS** shall be filed as part of the petition.

Your Name Was Submitted for Filing by an Entity that you Represent  
STATEMENT OF ECONOMIC INTERESTS TO BE FILED WITH THE COUNTY CLERK  
(Type or Hand Print **Clearly**)

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Name

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Each office or position of employment for which this Statement is filed

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Full Mailing Address

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**GENERAL DIRECTIONS**

The interest (if constructively controlled by the person making this statement) of a spouse or any other party, shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If additional space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value or from which dividends in excess of \$1,200 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity	Instrument of Ownership	Position of Management
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year.

Name	Address	Type of Practice
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement.

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4. List the identity (including the address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year.

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5. List the name of any entity and the nature of the governmental action requested by any entity which has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year.

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6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity. No time or demand deposit in a financial institution nor any debt instrument need be listed.

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7. List the name of any unit of government which employed the person making the statement during the preceding calendar year other than the unit or units of government in relation to which the person is required to file.

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8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year.

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#### VERIFICATION

"I declare that this statement of economic interests (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed \$1,000 or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment".

\_\_\_\_\_  
(Signature of person making the statement)

\_\_\_\_\_  
(date)



This will be returned to you when  
Statement is filed in the office of the  
Clerk.

Receipt is hereby acknowledged of your  
Statement of Economic Interest, filed  
Pursuant to the Illinois Governmental  
Ethics Act. The statement was filed as  
of this date.

**COMPLETE BUT DO NOT DETACH**

Type or Hand Print Legibly

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(office or position of employment for which this Statement is filed)

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Name

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Address

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City

State

Zip Code

All three pages must be returned to the Kane County Clerk for filing either in person or by mail. **We will return this receipt to you**, and you should keep this for your records.

Location: 719 S. Batavia Avenue, Building B  
Geneva, IL 60134

Mailing Address: Kane County Clerk  
ATTN: EIS  
719 S. Batavia Avenue, Building B  
Geneva, IL 60134